

THE RESILIENCE OF PEOPLE LIVING WITH HIV AIDS; BETWEEN SEX AND MARITAL STATUS

¹Dewi Purnamawati, ²Nurfadhilah, ²Rohimi Zamzam, ³Karina Amalia

^{1,3} Master of Public Health Study Program, Faculty of Public Health, Universitas Muhammadiyah Jakarta

² Public Health Study Program, Faculty of Public Health, Universitas Muhammadiyah Jakarta

² Faculty of Education, Universitas Muhammadiyah Jakarta

E-mail: dewi.purnamawati@umj.ac.id

ABSTRACT

People living with HIV and AIDS (PLWHA) are a vulnerable population with psychosocial problems, including changes in status in society and stigma. PLWHA is prone to mental health disorders, including stress and depression, therefore a positive coping mechanism with resilience is needed. This study aims to identify the relationship between sex and marital status with resilience in PLWHA. This research was conducted in Bogor City using a cross-sectional design. The population is PLWHA in Bogor City. Samples were taken randomly from 98 PLWHA. Data were collected using an online questionnaire and analyzed bivariately with the Chi-square test. The results showed that 48% of PLWHA had negative resilience. Negative resilience is shown on the points of ability to cope with stress (36%), belief in finding love (39%), and belief in having children (38%). Meanwhile, high positive resilience is shown in the ability to respect others (79.5%) and believe in their own religion (74.4%). There is a significant relationship between gender (p-value, 0.005; OR=5.5) and marital status (p-value, 0.018; OR=2.9) with resilience in PLWHA. PLWHA who are female and married has a positive chance of resilience compared to male and unmarried sex. Psychosocial assistance activities are needed to increase resilience in PLWHA, especially for PLWHA who are not married and female.

Keywords: Resilience, PLWHA, HIV, AIDS

ABSTRAK

Orang dengan HIV dan AIDS (ODHA) merupakan populasi yang rentan dengan masalah psikosial, termasuk perubahan status di masyarakat dan stigma. ODHA rentan mengalami gangguan kesehatan mental termasuk stres dan depresi, oleh karena itu diperlukan mekanisme coping yang positif dengan resiliensi. Penelitian ini bertujuan untuk mengidentifikasi hubungan jenis kelamin dan status perkawinan dengan resiliensi pada ODHA. Penelitian ini dilakukan di Kota Bogor menggunakan desain potong lintang. Populasi adalah ODHA di Kota Bogor. Sampel diambil secara random terhadap 98 ODHA. Data dikumpulkan dengan menggunakan kuesioner online dan dianalisis secara bivariat dengan uji *Chi-square*. Hasil penelitian menunjukkan bahwa 48% ODHA memiliki resiliensi yang negatif. Resiliensi negatif ditunjukkan pada poin kemampuan mengatasi stres (36%), keyakinan menemukan cinta (39%) dan keyakinan memiliki anak (38%). Sementara resiliensi positif yang tinggi ditunjukkan pada aspek kemampuan menghormati orang lain (79,5%) dan keyakinan terhadap agama yang dianut (74,4%). Terdapat hubungan yang signifikan antara jenis kelamin (p value 0,005; OR=5,5) dan status perkawinan (p value 0,018; OR=2,9) dengan resiliensi pada ODHA. ODHA dengan jenis kelamin perempuan dan menikah memiliki peluang resiliensi yang positif dibandingkan dengan jenis kelamin laki-laki dan belum menikah. Perlu kegiatan pendampingan psikososial dalam rangka meningkatkan resiliensi pada ODHA terutama pada ODHA yang belum menikah dengan jenis kelamin perempuan.

Kata Kunci: Resiliensi, ODHA, HIV, AIDS

INTRODUCTION

Achievement of the target of 3 SDGs 3.3 indicators. i.e., 2030 determines the AIDS epidemic, only 8 years left from now¹. The fast track strategy is carried out through 3 zeros, namely zero new HIV infections, zero deaths related to AIDS, and zero discrimination against People Living with HIV AIDS (PLWHA). Fast-Track drives the 90–90–90 targets: that by 2020, 90% of people living with HIV know

their HIV status, 90% of people who know their status are receiving treatment, and 90% of people on HIV treatment have a suppressed viral load, so their immune system remains strong and the likelihood of their infection being passed on is greatly reduced². In 2020, every day, there are around 4000 new HIV infections (both adults and children), of which 90% of patients are in their productive age³. In Indonesia, there was an increase in AIDS cases by 22.78% from 2019 to 2020, and the highest percentage was in the productive age (20-39 years) of 64%⁴.

PLWHA is a community that is vulnerable to experiencing psychosocial burdens other than physically⁵. Being diagnosed with HIV is a traumatic experience for most individuals, causing considerable stress associated with HIV, such as HIV-related stigma, disclosure concerns, antiretroviral treatment, and physical changes⁶. The threat of mental burden seems to have exceeded the physical health burden that PLWHA may experience⁷. PLWHA are more likely to suffer from higher levels of stress⁸. The stress response usually appears when the diagnosis is presented to PLWHA with feelings of uncertainty, surprise, and denial and is followed by anger and acute confusion with symptoms of high anxiety and depression^{7,9}. Meta-analysis studies show the incidence of Post Traumatic Syndrome Disorder (PTSD) in PLWHA is 32.67%¹⁰. Therefore, a positive coping mechanism with resilience is needed.

Resilience is the ability of an individual to "bounce back" from negative experiences or is the result of learning and experience¹¹. Two factors are always associated with resilience studies: protective and risk factors. Protective factors such as family support or health care provider support and risk factors are included sex, age, marital status, self-efficacy, etc¹¹. This study aims to see the relationship between sex, marital status, and resilience in PLWHA.

METHOD

This study uses a quantitative approach with a cross-sectional design. The independent variable are gender and marital status, while the dependent variable is the resilience of PLWHA. Characteristics of respondents such as age, occupation, and long-suffering were also investigated in this study but were not analyzed further. The study was conducted in the city of Bogor. The population is PLWHA in Bogor City, and 98 respondents were selected randomly from 114 respondents that full fill the online questionnaire. The resilience of PLWHA is measured for the past 1 year using a resilience scale on PLWHA¹². Resilience was classified as positive and negative based on the cutoff of the median value of this variable. Data were collected using an online questionnaire and analyzed bivariate using the chi-square test. The research has obtained permission from the ethics committee of FKM UMJ with no ethical review. 10.551.B/KEPK-FKMUMJ/VI/2022.

RESULTS AND DISCUSSION

The results showed that the average of ages respondents was 32,5, the youngest was 20 years old, and the oldest was 46 years old; the average of long-suffering was 7,6 years, and the time of long-suffering ranged from 1-23 years; 77% were male; 41,8% married, 78,6% working and 53,1% has positive resilience. The distribution of age, long-suffering, sex, marital status, occupational, and resilience of PLWHA can be seen in Tables 1 and 2, respectively.

Table 1. Distribution of Age and Long-suffering of PLWHA (n=98)

No	Variable	Mean	Median	SD	Minimum-maximum	95% CI
1	Age	32,59	31	7,32	20-46	31,12-34,06
2	Long-suffering	7,64	6	6,06	1-23	6,43-8,86

Source: Research data 2022

Table 2. Distribution of Sex, Marital Status, Occupational and Resilience of PLWHA (n=98)

No	Variable	Category	Sum	Percentage (%)
1	Sex	Male	77	77,6
		Female	22	22,4
2	Marital status	Married	41	41,8
		Not married or deforce	57	58,2
3	Occupational	Work	77	78,6
		Doesn't work	21	21,4
4	Resilience	Positive	52	53,1
		Negative	46	46,9

Source: Research data 2022

Table 3 shows the distribution of respondents' resilience. Even though we know more than half of the respondents (53,1%) have positive resilience, on the other hand, we can see that 46,9% have negative resilience. The negative resilience shows in the negative answer almost or more than 35%, like the ability to cope with stress (34,7%), ability to find love (37,8%), and desire to have children (36,7%). This result is in line with the research of Purnamawati et al., which shows that some PLWHA has negative self-confidence, including finding love and purpose in life. They still want to have children, although they feel pessimistic about establishing closeness with others safely¹³. Resilience is the ability of an individual to "bounce back" from negative experiences or is the result of learning and experience¹¹. Resilience refers to the 'action of rebounding' or 'the power of resuming an original shape or position after compression. Resilience in PLWHA is a reflection of the coping mechanism of PLWHA. Positive resilience will affect the health of PLWHA, including the ability to cope with stress. Various studies show that most people living with HIV have severe stress levels^{14,15}.

Table 3. Distribution of PLWHA Resilience (n=98)

NO	Statement	Has been positively affected my HIV status (%)	Has been negatively affected by my HIV status (%)
1	My self-confidence	72,5	27,5
2	My self-respect	68,3	31,7
3	My ability to respect others	80,6	19,4
4	My ability to cope with stress	65,4	34,7
5	My ability to have close and secure relationships with others	69,4	30,7
6	My ability to find love	63,2	37,8
7	My desire to have children	63,2	36,7
8	My achievement of my personal or professional goals	74,5	25,5
9	My ability to contribute to my community	74,5	25,5
10	My ability to practice a religion/faith as I want to	72,5	27,6

Source: Research data 2022

Table 4. Relationship Between Sex and Marital Status with Resilience in PLWHA (n=98)

Variable	Kategori	Resilience		Total n (%)	p-value	OR (95% CI)
		Positive n (%)	Negative n (%)			
Sex	Male	34 (44,7)	42 (55,3)	76 (100,0)	0,005	0,180 (0,056-0,582)
	Female	18 (55,4)	4 (44,6)	22 (100,0)		
Marital status	Married	28 (68,3)	13 (31,7)	41 (100,0)	0,018	2,962 (1,276-6,875)
	Not married or deforce	24 (53,1)	33 (46,9)	57 (100,0)		

Source: Research data 2022

Table 4 shows that there is relationship between sex (p-value= 0,005; OR=0,180) and marital status (p-value=0,0018; OR=2,962) with resilience in PLWHA. Male PLWHA has a 5.5 (1/0,180) times greater chance of having negative resilience than female, or on the other hand, we can say that the female has a chance 5,5 times to have positive resilience than male and statistically significant. It seems like women have more positive resilience than men. Several studies found that women were frailer but more resilience^{16,17}. Men and women differ in almost all aspects of health and well-being. These differences are not only based on sex or biological factors but are shaped by social forces that impact health status¹⁸.

In table 4, we can also see that PLWHA who are married have 2.9 times more resilient than those who are not married and divorced. Marital status seems to be related to spouse or family support for PLWHA. A satisfying relationship with a partner is a factor that can increase resilience, especially in individuals with chronic diseases. Research evidence shows subjects with chronic diseases that have been married reported less depression than divorced individuals and less anger than single individuals¹⁹. Marital and family relationships were associated with higher levels of personal resilience resources and well-being indicators in PLWHA. Marital and family relationships are external resources of resilience for increasing individual resilience factors, thereby contributing to the well-being of PLWHA²⁰.

CONCLUSION AND SUGGESTIONS

As many as 53,1% of PLWHA have good resilience. PLWHA who are female and married has a positive chance of resilience compared to male and unmarried sex. Psychosocial assistance activities are needed to increase resilience in PLWHA, especially for PLWHA who are not married and female.

ACKNOWLEDGMENT

We want to thank the Universitas Muhammadiyah Jakarta, the Research and Community Service Institute of Universitas Muhammadiyah Jakarta, the Faculty of Public Health Universitas Muhammadiyah Jakarta, and the Bogor City Health Office, who have facilitated this research.

REFERENCES

1. Kementerian PPN. Lembar Fakta SDGs (SDGs Factsheets). Kementerian PPN/Bappenas. 2017;188.
2. UNAIDS. Understanding Fast-Track Targets. Accelerating action to end the AIDS epidemic by 2030. Unaid [Internet]. 2015;12. Available from: https://www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf
3. United Nations Programme on HIV/aids. UNAIDS. UNAIDS data 2021. 2021;4–38.
4. Databoks. Kasus HIV Indonesia Turun, Namun AIDS Meningkat | Databoks [Internet]. [cited 2022 May 12]. Available from: <https://databoks.katadata.co.id/datapublish/2021/10/08/kasus-hiv-indonesia-turun-namun-aids-meningkat>
5. Halkitis PN, Krause KD, Vieira DL. Mental Health, Psychosocial Challenges and Resilience in Older Adults Living with HIV. In: Interdisciplinary Topics in Gerontology and Geriatrics [Internet]. S. Karger AG; 2017 [cited 2022 Sep 24]. p. 187–203. Available from: <https://www.karger.com/Article/FullText/448564>
6. Martinez J, Lemos D, Hosek S. Stressors and sources of support: The perceptions and experiences of newly diagnosed latino youth living with HIV. AIDS Patient Care STDS [Internet]. 2012 May 1 [cited 2022 May 13];26(5):281–90. Available from: <https://pubmed.ncbi.nlm.nih.gov/2251135/>
7. Huang Y, Luo D, Chen X, Zhang D, Huang Z, Xiao S. HIV-Related Stress Experienced by Newly Diagnosed People Living with HIV in China: A 1-Year Longitudinal Study. Available from: www.mdpi.com/journal/ijerph
8. Sherr L, Nagra N, Kulubya G, Catalan J, Clucas C, Harding R. HIV infection associated post-traumatic stress disorder and post-traumatic growth - A systematic review. Vol. 16, Psychology, Health and Medicine. 2011. p. 612–29.
9. Ardana E, Sholichatun Y. Resiliensi Orang Dengan HIV/AIDS (ODHA). Psikoislamika J Psikol dan Psikol Islam. 2014;11(1).
10. Ayano G, Duko B, Bedaso A. The Prevalence of Post-Traumatic Stress Disorder among People

- Living with HIV/AIDS: a Systematic Review and Meta-Analysis. Vol. 91, Psychiatric Quarterly. Springer; 2020. p. 1317–32.
11. Richardson GE. The metatheory of resilience and resiliency. *J Clin Psychol*. 2002;58(3):307–21.
 12. The People Living with HIV (PLHIV) Resilience Scale: Development and Validation in Three Countries in the Context of the PLHIV Stigma Index | Enhanced Reader [Internet]. [cited 2022 Jun 14]. Available from: <moz-extension://a926e0c3-ba42-487d-b91a-5e3c4e042f16/enhanced-reader.html?openApp&pdf=https%3A%2F%2Flink.springer.com%2Fcontent%2Fpdf%2F10.1007%2Fs10461-019-02594-6.pdf>
 13. Purnamawati D, Nurfadhilah N, Zamzam R, Amalia K, Ningsih RZ. Pengalaman Penderita HIV Pada Lelaki Suka Lelaki (LSL); Analisis Kualitatif tentang Persepsi Diri, Respon Saat Didiagnosis, Perilaku Pencegahan, dan Dukungan Pendamping Sebaya. *J Kedokt dan Kesehat*. 2022 Aug 30;18(2):155–63.
 14. Sari YK, Wardani IY. Dukungan Sosial dan Tingkat Stres Orang Dengan HIV/AIDS. *J Keperawatan Indones*. 2017;20(2):85–93.
 15. Sari TP. HUBUNGAN TINGKAT SPIRITUALITAS DENGAN TINGKAT STRES PADA ODHA DI POLI VCT RSD BALUNG JEMBER [Internet]. Program Studi Ilmu Keperawatan Fakultas Keperawatan Universitas Jember; 2019 Jul [cited 2022 May 12]. Available from: <http://repository.unej.ac.id/xmlui/handle/123456789/98099>
 16. Lowe SR, Hennein R, Feingold JH, Peccoralo LA, Ripp JA, Mazure CM, et al. Are Women Less Psychologically Resilient Than Men? Background Stressors Underlying Gender Differences in Reports of Stress-Related Psychological Sequelae. *J Clin Psychiatry* [Internet]. 2021 Dec 21 [cited 2022 Sep 24];83(1):38820. Available from: <https://www.psychiatrist.com/jcp/covid-19/psychological-resilience-of-women-health-care-workers-covid-19/>
 17. Zarulli V, Barthold Jones JA, Oksuzyan A, Lindahl-Jacobsen R, Christensen K, Vaupel JW. Women live longer than men, even during severe famines and epidemics. *Proc Natl Acad Sci U S A*. 2018 Jan 23;115(4):E832–40.
 18. Brown B. Essays and Debates in Mental Health. *J Psychiatr Ment Health Nurs*. 2015;22(2003):821–8.
 19. Wade JB, Hart RP, Wade JH, Bajaj JS, Price DD. The relationship between marital status and psychological resilience in chronic pain. *Pain Res Treat*. 2013;2013.
 20. Huang J, Zhang J, Yu NX. Close relationships, individual resilience resources, and well-being among people living with HIV/AIDS in rural China. *AIDS Care* [Internet]. 2018 Aug 23 [cited 2022 Sep 24];30(sup5):S49–57. Available from: <https://www.tandfonline.com/doi/full/10.1080/09540121.2018.1496222>